

Providers' News



To: All Providers

From: Provider Network Operations

Date: September 28, 2001

Please Note: This newsletter contains information pertaining to Arkansas Blue Cross Blue Shield, a mutual insurance company, its wholly owned subsidiaries and affiliates (ABCBS). This newsletter does not pertain to Medicare. Medicare policies are outlined in the Medicare Providers' News bulletins. If you have any questions, please feel free to call (501) 378-2307 or (800) 827-4814.

What's Inside?

Admission Pre-Certification Requirements	1
Changes in PSE and ASE Coverage - Mental Health Coverage	2
Dental Fee Schedule - Update for Preferred Payment Plan (PPP)	2
Diabetic Insulin Infusion Pumps	3
FirstSource Group Cancellations	3
Medi-Pak HMO Non-Renewal	4
Prenatal Benefit Amended	4
Respiratory Health Education Program	4
Routine Eye Exam and Preventative Dental	5
Transplant Network	5

Attachments:

Admission Pre-Certification Requirements	6
Dental Fee Schedule	7

"Any five-digit Physician's Current Procedural Terminology (CPT) codes, descriptions, numeric modifiers, instructions, guidelines, and other material are copyright 2000 American Medical Association. All Rights Reserved."

Admission Pre-Certification Requirements

As of August 13, 2001 hospital admission pre-certification and continued stay review was **eliminated** from Arkansas Blue Cross Blue Shield, First Pyramid Life and Health Advantage for all in network providers. All out of network and out of state admissions will require pre-notification by calling the 800# on the member's identification card.

Clients that will continue to require admission pre-certification and continued stay reviews are:

- **Federal Employee Program (FEP)** - the member's ID number begins with an "R" and has a toll-free number for pre-certification and has the Blue Cross and Blue Shield logo.
- **Groups "Accessing" the FirstSource Network** - ID cards feature a toll-free number for pre-certification and the "FirstSource" logo.
- **USABLE Administrators** - All USABLE members with a pre-certification number on their ID card should be pre-certified prior to an admission. The ID card has a USABLE logo and an 800# for pre-certification.

Please be aware when calling to pre-notify or pre-certify an admission or to give continued stay information for the above members, the phone menu has changed. You must listen to the entire menu to be assured you are being transferred to the appropriate location.

An admission pre-certification grid (attachment page 6) is provided for your convenience to identify the pre-certification requirements for each company. If you have questions regarding these changes, please call your local Arkansas Blue Cross Blue Shield office.

Changes To Public School Employees And Arkansas State Employees Mental Health Coverage:

The State of Arkansas Employee Benefits Division has announced the addition of a new Behavioral Health Program for Public School Employees and Arkansas State Employees, effective October 1, 2001 and January 1, 2002, respectively.

CORPHEALTH, Inc., a national behavioral health company, has been selected to administer mental health and substance abuse benefits and an employee assistance program. To qualify for reimbursement, **all behavioral health care services must be pre-authorized and managed by CORPHEALTH.** Additionally, a CORPHEALTH network provider must deliver all covered non-emergent care.

If you have questions on making a mental health, substance abuse, or employee assistance referrals call the **Arkansas Help Line toll-free at 1-866-378-1645.** The toll-free Help Line is available to members and providers 24 hours a day, 365 days a year.

The mental health program and CORPHEALTH are not affiliated with Arkansas Blue Cross Blue Shield or Health Advantage. Please note that on the effective date of the program, mental health and substance abuse claims should not be submitted to ABCBS or Health Advantage as these benefits are excluded and there is no secondary coverage. For Public School and State of Arkansas employees, our directories of participating providers will no longer list any mental health providers.

Primary Care physicians are no longer responsible for referrals or pre-certifying mental health and substance abuse care. Members will be responsible for obtaining referrals and pre-certifying mental health and substance abuse care.

Transition Services On Or After The Effective Date:

If members are actively involved in mental health, substance abuse treatment, or employee assistance, the member(s) or the treating provider will be responsible for contacting CORPHEALTH to coordinate transition of care to a network provider. If a member continues to see a non-CORPHEALTH network provider after the transition period, no benefits will be payable from CORPHEALTH, ABCBS, or Health Advantage. All mental health, substance abuse care, and employee assistance provided on or after the effective date must be pre-certified by CORPHEALTH.

Questions regarding CORPHEALTH should be referred to the toll-free number, 1-866-378-1645.

Prescription Drug Coverage for Public Schools and State of Arkansas:

The decision to use CORPHEALTH is similar to the Public Schools and State of Arkansas using Advanced PCS for prescription drug benefits. ABCBS or Health Advantage is not affiliated with CORPHEALTH or Advanced PCS and can not provide information on coverage or benefits.

Questions regarding Advanced PCS should be referred to the toll-free number 1-877-456-9586.

Dental Fee Schedule - Update For Preferred Payment Plan (PPP)

Effective October 1, 2001:

The dental fee schedule (see attachments pages 7-13) has been updated to include new allowances for numerous codes. The allowances for these dental procedures are based on data reflecting average amounts billed by Arkansas dentists. It should be noted that billed amounts for many codes vary significantly in different regions of Arkansas and additional averaging was needed to calculate a statewide fee allowance. The new fee schedule reflects dental procedure codes with a "D" prefix. Please bill using the new codes.

Special note, dental claims for out of state ABCBS members are not handled through BlueCard. Please file claims directly with the members' home plan.

Pre-Determination:

Please note that ABCBS dental policies require that when a treatment plan is expected to exceed \$300, the treatment plan is required to be submitted for Pre-Determination. Calling United Concordia (UCCI) or ABCBS to merely check on benefit coverage is not a Pre-Determination. It is a simple courtesy that providers afford their patients the opportunity to know exactly what services are to be covered before they are performed.

Alternate Treatment Limitations:

Alternate Treatment Limitations apply to ABCBS dental policies and most self-insured dental plans. Frequently, several alternate methods may exist to treat a dental condition. For example, a tooth can be restored with a crown or a filling, and missing teeth can be replaced either with a fixed bridge or a partial denture.

Most dental plans make payment based upon the charge for the less expensive procedure provided that the less expensive procedure meets accepted standards of dental treatment. This limitation does not commit the member to the less expensive procedure.

However, if the member and the dentist choose the more expensive procedure, the member is responsible for the additional charges beyond those paid or allowed by the plan. This limitation is an industry standard and stresses the need for Pre-Determination.

Fragmentation or Unbundling of Services:

Under the ABCBS DentalBlue dental plan, there will be no separate payment made for services that are usually considered by national industry standards to be part of another service.

Diabetic Insulin Infusion Pumps and Pump Supplies

Effective September 1, 2001, insulin infusion pumps and all supplies directly related to use of such pumps have been excluded from the ABCBS, USAble Administrators and Health Advantage preferred provider agreements. Therefore, members can utilize any supplier for these services and can be billed for any differences between our payment and the usual charge.

At the present time, we have determined that the exclusion from the provider agreements will apply to the following items and HCPCS Codes:

- E0784 - External ambulatory infusion pump, insulin-includes pump training.
- A4230 - Infusion set for external insulin pump, non-needle cannula type.
- A4231 - Infusion set for external insulin pump, needle type.
- A4232 - Syringe with needle for external insulin pump, sterile.
- A4254 - Replacement battery.
- A5119 - Skin prep.
- A6257 - Transparent film.

Please be aware, however, that the exclusion from the provider agreements applies to any insulin infusion pump or items or services directly related to the pump's use or administration, even if such items or services are not reflected in the foregoing list. This exclusion does not apply to other diabetic items or services not related to insulin infusion pumps. This exclusion also does not apply to any of the items on this list if such items are not being used as an insulin pump supply (e.g. skin prep, transparent film).

ABCBS, USAble Administrators and Health Advantage have established a separate insulin infusion pump provider number for use in billing any such services to our members. This special provider number will be for our administrative purposes only, and will not restore insulin infusion pumps and related supplies to any

provider agreement. Please contact Provider Network Operations at 501-378-2006 to obtain information on how to receive the special insulin infusion pump provider number. As of today, we have 11 applications for infusion pump numbers:

Advanced Home IV	Conway
B and D Medical, Inc.	Lake Village
Bryants Pharmacy	Batesville
Disetronic Medical Systems	St. Paul, MN
Holly's Health Mart	Prescott
Home IV Specialists	Jonesboro
Homecare Medical Service	Russellville
Market Place Pharmacy	Little Rock
MiniMed Distribution Corp.	Little Rock
Medical Center Pharmacy	Searcy
Stotts Drug Co.	Searcy
Woodsprings Pharmacy	Jonesboro

FirstSource Group Cancellations

The following Arkansas FirstSource Groups have canceled on or after January 1, 2001. Patients should have new ID cards indicating where claims should be filed.

American Air Filters (AAF McQuay)	1-1-2001
American Mgmt Group (Crossmark)	3-1-2001
Archer Daniels Midland	1-1-2001
Associated Wholesale Grocers	7-1-2001
Baldwin Piano	6-1-2001 *
BICC General Cable Industry	1-1-2001
Dubuis Health Systems	1-1-2001
Mercantile Bank (Including Harvest Bank)	1-1-2001
Nordan Smith Welding/Tatum Dev Corp	1-1-2001
Rural Metro	5-1-2001
Shaw Contractors Inc	1-1-2001

*All claims and inquiries for Baldwin Piano employees should be directed to their TPA, CoreSource, regardless of the date of service.

Darling Store Fixtures has changed Third Party Administrator (TPA) effective October 1, 2001. As of this date all physician claims will be filed directly to the new TPA, DBL North American Health Plan. New insurance information will be on the new ID cards. All facility claims will continue to be filed directly to Arkansas FirstSource PPO Pricing.

Note: Claims may be filed electronically for all active Arkansas' FirstSource groups. Contact the Electronic Services Department at 378-2419 or 866-582-3247 for information concerning electronic submission of claims.

Medi-Pak HMO Non-Renewal

Attention: Medi-Pak HMO Participating Providers:

Effective January 1, 2002 Health Advantage is not renewing the Medi-Pak HMO contract with the Centers for Medicare and Medicaid Services (CMS) (formerly HCFA) for Medicare+Choice. Therefore, Medi-Pak HMO will no longer offer Medicare health benefits to our Medicare members in Garland, Hot Spring, Lonoke, Montgomery, Prairie, Pulaski, Saline, White and Woodruff counties.

It is vitally important that your office is aware of this non-renewal due to claims filing. Any claims for dates of service January 1, 2002 or after, need to be filed directly with Medicare. There is a 180 day timely filing provision for Medi-Pak HMO claims submission, therefore all 2001 dates of service must be submitted by June 30, 2002. If a claim or bill for services is not submitted and actually received by Health Advantage within 180 days following the 2001 date of service, the claim will be denied.

Please note this does not affect Health Advantage's other benefit programs or other policyholders, only the Medi-Pak HMO members. This also has no impact on the Medi-Pak Supplemental policies through Arkansas Blue Cross Blue Shield, and in fact, we expect many of the Medi-Pak HMO members to switch to Medi-Pak at the termination of their Medi-Pak HMO benefits.

If you have any questions, please call our office at 954-5200 or 1-800-354-9904, Monday through Friday, 8:00 a.m. to 5:00 p.m.

Prenatal Benefit Amended

For members of a group (employer-sponsored) health plan with an Arkansas' FirstSource PPO policy or a comprehensive major medical policy from Arkansas Blue Cross and Blue Shield, the Routine Prenatal Care benefit has been amended, effective October 1, 2001.

The amended portion of the policy (**OTHER COVERED MEDICAL SERVICES**, paragraph D), now states that, subject to the applicable deductible and co-insurance, the Company (Arkansas' FirstSource or Arkansas Blue Cross) will pay for routine prenatal care, maternity care, obstetrical care and complications of pregnancy. Previously, prenatal services were paid at 100%. For any pregnancy beginning after October 1 2001, routine prenatal care services will be paid at the same level as all other covered benefits of the policy, subject to the applicable deductible and co-payment of that policy.

For purposes of claims administration, this means that if a member delivers anytime on or before July 1, 2002, prenatal care services will be paid at 100%. If a member delivers on July 2, 2002 or after, prenatal benefits will be paid at the same level as other covered benefits based on the date of service.

Bringing the prenatal benefit in line with all other benefits of the policy will help simplify the benefit administration process, reducing errors and speeding up the claims payment process, and ultimately help hold down costs to insured members. The amendment does not affect individual policies with Arkansas Blue Cross, nor does it affect HMO or POS policies with Health Advantage.

Respiratory Health Education Program

Arkansas Blue Cross and Blue Shield, Health Advantage and USABLE Administrators continue to develop community-based programs with a focus on our members and your plan of care. As a part of this effort, we are pleased to introduce the Respiratory Health Education Program, the next in our series of Health Education Programs available to our members.

The Respiratory Health Education brochure **has been** mailed to members and their families who are 18 years of age or older and are at greater risk for serious complications of a respiratory infection. Included are those who suffer from chronic diseases and those who suffer from lung conditions such as asthma, emphysema or bronchitis. Our community-based, disease-specific education programs emphasize self-management techniques, include national and local health-education resources, and assistance with member health-plan benefits.

In addition to the brochure, each member also will receive an enrollment form. The program starts when the member enrolls. When signed by the member, the enrollment form gives us permission to discuss the member's health information with you and other health educators.

Program highlights include:

- Voluntary health survey.
- One-on-one contact with a regional registered-nurse case manager based on risk stratification.
- National and local health care resource lists.
- Tip sheets on measures for use at home to prevent respiratory infection, simple techniques to relieve symptoms and education to help the member understand the role of medications in the treatment of respiratory infection.

Please contact your local Arkansas Blue Cross or Health Advantage case manager if you treat a member who would benefit from this program. Please share any suggestions you have that may improve our community-based efforts. We look forward to working with you on behalf of our members - your patients.

Routine Eye Exams and Preventive Dental Services

Attention Ophthalmologists, Optometrists And Dentists: Effective October 1, 2001, the Health Advantage HMO and Health Advantage POS benefit plans for the Public School Employees will not cover routine eye exams or preventive dental services. The decision to exclude these benefits was made by the governing board for the Arkansas State and Public School Employees Group. The change only applies to Public School Employees, **NOT** Arkansas State Employees.

Transplant Network

ABCBS previously published a list of transplant facilities. Be advised that the network of participating transplant facilities changes frequently. The list of transplant

facilities was not intended as an all-inclusive list of in-network transplant facilities. Most recently, effective March of 2001, the Baptist Memorial Hospital in East Memphis was added to the list of authorized facilities.

All organ and bone marrow transplants must be pre-authorized. For questions regarding the transplant network or for pre-authorization, please contact Carolyn Webb, RN at 501-378-2386 for ABCBS and USABLE members or Kelly Richards at 501-954-5260 for Health Advantage members.

The Providers' News

The Providers' News is a quarterly publication of Arkansas Blue Cross and Blue Shield. Please send your questions or comments about the Providers' News to:

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Admission Pre-Certification Requirements for Arkansas Blue Cross and Blue Shield and its Affiliates

Effective August 13, 2001

Product Line	Inpatient Admission Pre-Certification	Outpatient Pre-Certification
Arkansas Blue Cross and Blue Shield	NO Exceptions: Out of Network and Federal Employee Program (FEP).	NO
Federal Employee Program (FEP)	YES Please Note: All ID cards have the Blue Cross and Blue Shield logo and ID's begin with "R".	NO
Access Only	YES Please Note: Any ID card with the Arkansas FirstSource Logo (without the Blue Cross and Blue Shield symbols) requires pre- certification.	NO
Health Advantage	NO – All Regions Exceptions: out of Network.	NO – All Regions
USAbLe Administrators	YES	YES (Certain groups call 1-888-USAbLe1 to verify.)
<p>If you have questions regarding pre-certification requirements for any of our products, please call Customer Service in your local regional office.</p>		

**Arkansas Blue Cross Blue Shield
Preferred Payment Plan (PPP) Dental Fee Schedule
"The Blue Book"
Effective 10/01/2001**

PROD CODE	*	DESCRIPTION	ALLOWED
D0120		Periodic Oral Examination	\$20.00
D0140		Limited Oral Evaluation - Problem Focused (Formerly Code 00130)	\$25.00
D0150		Comprehensive Oral Examination (Formerly Code 00110)	\$30.00
D0210		Intraoral - Complete Series (Including Bitewings)	\$60.00
D0220		Intraoral- Periapical-First Film	\$15.00
D0230		Intraoral-Periapical-Each Additional Film	\$13.00
D0240		Intraoral-Occlusal Film	\$18.00
D0250		Extraoral-First Film	\$20.00
D0260		Extraoral-Each Additional Film	\$15.00
D0270		Bitewing-Single Film	\$13.00
D0272		Bitewings - Two Films	\$22.00
D0274		Bitewings - Four Films	\$32.00
D0330		Panoramic Film	\$50.00
D0340		Cephalometric Film	\$45.00
D0460		Pulp Vitality Tests	\$20.00
D0470		Diagnostic Casts	\$25.00
D1110		Prophylaxis - Adults	\$40.00
D1120		Prophylaxis - Child	\$26.00
D1201		Topical Application Of Fluoride (Including Prophy)-Child	\$38.00
D1351		Sealant - Per Tooth	\$24.00
D1510		Space Maintainer - Fixed Unilateral	\$130.00
D1515		Space Maintainer - Fixed- Bilateral	\$170.00
D1550		Recementation Of Space Maintainer	\$26.00
D2110		Amalgam - One Surface, Primary	\$52.00
D2120		Amalgam - Two Surfaces, Primary	\$64.00
D2130		Amalgam - Three Surfaces, Primary	\$78.00
D2131		Amalgam - Four Or More Surfaces, Primary	\$86.00
D2140		Amalgam - One Surface Permanent	\$58.00
D2150		Amalgam - Two Surfaces Permanent	\$72.00
D2160		Amalgam - Three Surfaces Permanent	\$88.00
D2161		Amalgam - Four Surfaces, Permanent	\$100.00
D2330		Resin - One Surface, Anterior	\$65.00
D2331		Resin - Two Surfaces, Anterior	\$77.00
D2332		Resin - Three Surfaces, Anterior	\$98.00
D2335		Resin - Four Or More Surfaces Or Involving Incisal Angle (Anterior)	\$125.00

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PROD CODE	*	DESCRIPTION	ALLOWED
D2336		Composite Resin Crown - Anterior - Primary	\$105.00
D2337		Resin-Based Composite Crown, Anterior Permanent	\$105.00
D2380		Resin - One Surface, Posterior - Primary	\$60.00
D2381		Resin - Two Surfaces Posterior - Primary	\$70.00
D2382		Resin - Three Or More Surfaces - Posterior - Primary	\$88.00
D2385		Resin - One Surface Posterior - Permanent	\$78.00
D2386		Resin - Two Surfaces Posterior - Permanent	\$100.00
D2387		Resin - Three Or More Surfaces, Posterior - Permanent	\$118.00
D2388		Resin-Based Composite -Four Or More Surfaces, Posterior Permanent	\$125.00
D2510		Inlay - Metallic - One Surface	\$275.00
D2520		Inlay - Metallic - Two Surfaces	\$350.00
D2530		Inlay - Metallic - Three Surfaces	\$415.00
D2542	*	Onlay - Metallic - Two Surfaces	\$410.00
D2543	*	Onlay-Metallic - Three Surfaces	\$450.00
D2544	*	Onlay-Metallic - Four Or More Surfaces	\$450.00
D2610		Inlay - Porcelain/Ceramic - One Surface	\$320.00
D2620		Inlay - Porcelain/Ceramic - Two Surfaces	\$400.00
D2630		Inlay - Porcelain/Ceramic - Three Surfaces	\$440.00
D2642	*	Onlay- Porcelain/Ceramic - Two Surfaces	\$475.00
D2643	*	Onlay-Porcelain/Ceramic - Three Surfaces	\$500.00
D2644	*	Onlay-Porcelain/Ceramic - Four Or More Surfaces	\$525.00
D2650		Inlay - Composite/Resin - One Surface	\$275.00
D2651		Inlay - Composite/Resin - Two Surface	\$405.00
D2652		Inlay - Composite/Resin - Three Or More Surfaces	\$450.00
D2662	*	Onlay - Composite/Resin - Two Surfaces	\$420.00
D2663	*	Onlay - Composite/Resin - Three Surfaces	\$450.00
D2664	*	Onlay - Composite/Resin - Four Or More Surfaces	\$470.00
D2740	*	Crown - Porcelain/Ceramic Substrate	\$560.00
D2750	*	Crown - Porcelain Fused To High Noble Metal	\$560.00
D2751	*	Crown - Porcelain Fused To Predominantly Base Metal	\$480.00
D2752	*	Crown - Porcelain Fused To Noble Metal	\$500.00
D2780	*	Crown - 3/4 Cast High Noble Metal	\$485.00
D2781	*	Crown - 3/4 Cast Predominately Base Metal	\$465.00
D2782	*	Crown - 3/4 Cast Noble Metal	\$475.00
D2783	*	Crown - 3/4 Porcelain/Ceramic (Not Veneers)	\$500.00

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PROD CODE	*	DESCRIPTION	ALLOWED
D2790	*	Crown - Full Cast High Noble Metal	\$500.00
D2791	*	Crown - Full Cast Predominantly Base Metal	\$400.00
D2792	*	Crown - Full Cast Noble Metal	\$475.00
D2910		Recement Inlay	\$35.00
D2920		Recement Crown	\$35.00
D2930		Prefabricated Stainless Steel Crown - Primary Tooth	\$115.00
D2931		Prefabricated Stainless Steel Crown - Permanent Tooth	\$115.00
D2932		Prefabricated Resin Crown	\$130.00
D2933		Prefabricated Stainless Steel Crown With Resin Window	\$130.00
D2950	*	Core Buildup, Including Any Pins	\$115.00
D2951		Pin Retention - Per Tooth, In Addition To Restoration	\$26.00
D2952	*	Cast Post & Core In Addition To Crown	\$190.00
D2954	*	Prefabricated Post & Core In Addition To Crown	\$140.00
D2962	*	Labial Veneer (Porcelain Laminate) - Lab	\$480.00
D2980		Crown Repair - By Report	\$60.00
D3220		Therapeutic Pulpotomy (Excluding Final Restoration)	\$62.00
D3310		Root Canal Therapy - Anterior (Excluding Final Restoration)	\$340.00
D3320		Root Canal Therapy - Bicuspid (Excluding Final Restoration)	\$410.00
D3330		Root Canal Therapy - Molar (Excluding Final Restoration)	\$525.00
D3346		Retreatment - Anterior	\$380.00
D3347		Retreatment - Bicuspid	\$450.00
D3348		Retreatment - Molar	\$560.00
D3351		Apexification/Recalcification - Initial Visit	\$225.00
D3352		Apexification/Recalcification - Interim Medication Replacement	\$70.00
D3353		Apexification/Recalcification - Final Visit	\$70.00
D3410		Apicoectomy/Periradicular Surgery - Anterior	\$213.00
D3421		Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	\$213.00
D3425		Apicoectomy/Periradicular Surgery - Molar (First Root)	\$250.00
D3426		Apicoectomy/Periradicular Surgery Each Addtl Root	\$113.00
D3430		Retrograde Filling - Per Root	\$104.00
D3450		Root Amputation - Per Root	\$138.00
D3920		Hemisection (Including Any Root Removal)	\$144.00
D3950		Canal Preparation & Fitting Of Preformed Dowel Or Post	\$25.00
D4210	*	Gingivectomy/Gingivoplasty - Per Quadrant	\$200.00
D4211	*	Gingivectomy/Gingivoplasty-Per Tooth	\$74.00

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PROD CODE	*	DESCRIPTION	ALLOWED
D4220		Gingival Curettage, Surgical, Per Quadrant - By Report	\$75.00
D4240		Gingival Flap, Including Root Planing - Per Quadrant	\$300.00
D4249		Crown Lengthening - Hard/Soft Tissue, By Report	\$270.00
D4250		Mucogingival Surgery - Per Quadrant	\$431.00
D4260	*	Osseous Surgery (Including Flap Entry & Closure - Per Quadrant	\$500.00
D4263	*	Bone Replacement Graft - Single Site	\$325.00
D4264	*	Bone Replacement Graft - Each Additional Site In Quadrant	\$200.00
D4266		Guided Tissue Regeneration - Resorbable Barrier Per Site Per Tooth	\$175.00
D4267		Guided Tissue Regeneration - Nonresorbable Barrier Per Site Per Tooth	\$200.00
D4270		Pedicle Soft Tissue Graft Procedure	\$331.00
D4271		Free Soft Tissue Graft Procedure (Including Donor Site)	\$500.00
D4273		Subepithelial Connective Tissue Graft Procedure	\$450.00
D4341		Periodontal Scaling And Root Planing - Per Quadrant	\$132.00
D4910		Periodontal Maintenance Procedures (Following Active Therapy)	\$69.00
D5110		Complete Denture - Upper	\$650.00
D5120		Complete Denture - Lower	\$650.00
D5130		Immediate Denture - Upper	\$675.00
D5140		Immediate Denture - Lower	\$675.00
D5211		Upper Partial - Resin Base (With Conventional Clasps,Rests & Teeth	\$450.00
D5212		Lower Partial - Resin Base (With Conventional Clasps,Rests & Teeth	\$450.00
D5213		Upper Partial - Cast Metal Base With Resin Saddles	\$800.00
D5214		Lower Partial - Cast Metal Base With Resin Saddles	\$800.00
D5281		Removable Unilateral Partial Denture -1 Piece Cast Metal	\$350.00
D5410		Adjust Complete Denture - Upper	\$40.00
D5411		Adjust Complete Denture - Lower	\$40.00
D5421		Adjust Partial Denture - Upper	\$40.00
D5422		Adjust Partial Denture - Lower	\$40.00
D5510		Repair Broken Complete Denture Base	\$100.00
D5520		Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	\$65.00
D5610		Repair Resin Saddle Or Base	\$63.00
D5620		Repair Cast Framework	\$100.00
D5630		Repair Or Replace Broken Clasp	\$90.00
D5640		Replace Broken Teeth - Per Tooth	\$65.00
D5650		Add Tooth To Existing Partial Denture	\$100.00
D5660		Add Clasp To Existing Partial Denture	\$113.00

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PROD CODE	*	DESCRIPTION	ALLOWED
D5710		Rebase Complete Upper Denture	\$250.00
D5711		Rebase Complete Lower Denture	\$250.00
D5720		Rebase Upper Partial Denture	\$250.00
D5721		Rebase Lower Partial Denture	\$250.00
D5730		Reline Complete Upper Denture (Chairside)	\$120.00
D5731		Reline Complete Lower Denture (Chairside)	\$120.00
D5740		Reline Upper Partial Denture (Chairside)	\$85.00
D5741		Reline Lower Partial Denture (Chairside)	\$85.00
D5750		Reline Complete Upper Denture (Lab)	\$180.00
D5751		Reline Complete Lower Denture (Lab)	\$180.00
D5760		Reline Upper Partial Denture (Lab)	\$180.00
D6210	*	Pontic - Cast High Noble Metal	\$500.00
D6211	*	Pontic - Cast Predominantly Base Metal	\$405.00
D6212	*	Pontic - Cast Noble Metal	\$500.00
D6240	*	Pontic - Porcelain Fused To High Noble Metal	\$530.00
D6241	*	Pontic - Porcelain Fused To Predominantly Base Metal	\$500.00
D6242	*	Pontic - Porcelain Fused To Noble Metal	\$480.00
D6245	*	Pontic - Procelain / Ceramic	\$530.00
D6519	*	Inlay / Onlay - Porcelain / Ceramic	\$320.00
D6545	*	Retainer - Cast Metal For Acid Etched Fixed Prosthesis	\$150.00
D6548	*	Retainer - Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	\$150.00
D6740	*	Crown - Porcelain / Ceramic	\$550.00
D6750	*	Crown - Porcelain Fused To High Noble Metal	\$550.00
D6751	*	Crown - Porcelain Fused To Predominantly Base Metal	\$475.00
D6752	*	Crown - Porcelain Fused To Noble Metal	\$500.00
D6780	*	Crown - 3/4 Cast High Noble	\$450.00
D6781	*	Crown 3/4 Cast Predominately Based Metal	\$445.00
D6782	*	Crown 3/4 Noble Metal	\$455.00
D6783	*	Crown 3/4 Porcelain / Ceramic	\$480.00
D6790	*	Crown - Full Cast High Noble Metal	\$500.00
D6791	*	Crown - Full Cast Predominantly Base Metal	\$425.00
D6792	*	Crown - Full Cast Noble Metal	\$450.00
D6930		Recement Bridge	\$55.00
D6970	*	Cast Post & Core In Addition To Bridge Retainer	\$190.00
D6971	*	Cast Post As Part Of Bridge Retainer	\$150.00

**Arkansas Blue Cross Blue Shield
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"The Blue Book"
Effective 10/01/2001**

PROD CODE	*	DESCRIPTION	ALLOWED
D6972	*	Prefabricated Post And Core In Addition To Bridge Retainer	\$140.00
D6973		Core Build-Up Or Retainer, Including Any Pins	\$115.00
D6980		Bridge Repair - By Report	\$120.00
D7110		Oral Surgery Extraction - Single Tooth	\$60.00
D7120		Oral Surgery Extraction - Each Addtl Tooth	\$60.00
D7130		Oral Surgery Root Removal - Exposed Roots	\$70.00
D7210		Surgical Removal Of Erupted Tooth	\$125.00
D7220		Removal Of Impacted Tooth - Soft Tissue	\$160.00
D7230		Removal Of Impacted Tooth - Partially Bony	\$200.00
D7240		Removal Of Impacted Tooth - Completely Bony	\$225.00
D7241	*	Removal Of Impacted Tooth - Completely Bony With Complications	\$280.00
D7250		Surgical Removal Of Residual Tooth Roots - Cutting Procedures	\$135.00
D7260		Oral Antral Fistula Closure	\$325.00
D7270		Tooth Reimplant. And/Or Stabilization Of Accidentally Evulsed Tooth	\$200.00
D7280		Surgical Exposure Of Impacted Or Unerupted Tooth - Ortho	\$200.00
D7281		Surgical Exposure Of Impacted Or Unerupted Tooth To Aid Eruption	\$180.00
D7310		Alveoplasty In Conjunction With Extractions - Per Quadrant	\$120.00
D7320		Alveoplasty Not In Conjunction With Extractions - Per Quadrant	\$140.00
D7340		Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	\$230.00
D7350	*	Vestibuloplasty - Ridge Extension (Including Soft Tissue Grafts, Etc.)	\$450.00
D7471		Removal Of Exostosis - Maxilla Or Mandible	\$260.00
D7510		Incision And Drainage Of Abscess - Intraoral Soft Tissue	\$65.00
D7520		Incision And Drainage Of Abscess - Extraoral Soft Tissue	\$95.00
D7530		Removal Of Foreign Body, Skin, Or Subcutaneous Areolar Tissue	\$90.00
D7540		Removal Of Reaction - Producing Foreign Bodies - Musculo System	\$140.00
D7550		Sequestrectomy For Osteomyelitis	\$138.00
D7560		Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body	\$250.00
D7670		Alveolus-Stabilization Of Teeth, Open Reduction Splinting	\$646.00
D7770		Alveolus - Stabilization Of Teeth, Open Reduction Splinting	\$953.00
D7910		Suture Of Recent Small Wounds Up To 5 Cm	\$45.00
D7911		Complicated Suture - Up To 5 Cm	\$60.00
D7912		Complicated Suture - Greater Than 5 Cm	\$185.00
D7920		Skin Grafts (Identify Defect Covered, Location And Type Of Graft)	\$80.00
D7940		Osteoplasty - For Orthognathic Deformities	\$1,785.00
D7941		Osteotomy - Ramus, Closed	\$902.00

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PROD CODE	*	DESCRIPTION	ALLOWED
D7942		Osteotomy - Ramus, Opened	\$902.00
D7943		Osteotomy - Ramus, Open With Bone Graft	\$1,025.00
D7944		Osteotomy - Segmented Or Subapical - Per Sextant Or Quadrant	\$600.00
D7945		Osteotomy - Body Of Mandible	\$902.00
D7950		Osseous, Osteoperiosteal, Periosteal, Or Cartilage Graft Of The Mandible	\$1,200.00
D7955		Repair Of Maxillofacial Soft And Hard Tissue Defects	\$1,200.00
D7960		Frenulectomy - Separate Procedure	\$200.00
D7970		Excision Of Hyperplastic Tissue-Per Arch	\$250.00
D7971		Excision Of Pericoronal Gingiva	\$57.00
D8010		Limited Orthodontic Treatment Of Primary Dentition	\$1,000.00
D8020		Limited Orthodontic Treatment Of Transitional Dentition	\$1,000.00
D8030		Limited Orthodontic Treatment Of Adolescent Dentition	\$1,000.00
D8040		Limited Orthodontic Treatment Of Adult Dentition	\$1,200.00
D8050		Interceptive Orthodontic Treatment Of The Primary Dentition	\$1,500.00
D8060		Interceptive Orthodontic Treatment Of The Transitional Dentition	\$1,500.00
D8070		Comprehensive Ortho Treatment Of The Transitional Dentition	\$3,400.00
D8080		Comprehensive Ortho Treatment Of The Adolescent Dentition	\$4,100.00
D8090		Comprehensive Ortho Treatment Of The Adult Dentition	\$4,800.00
D8210		Removable Appliance Therapy	\$1,000.00
D8220		Fixed Appliance Therapy	\$1,200.00
D8650		Treatment For The Atypical Or Extended Skeletal Case	\$5,000.00
D8680		Orthodontic Retention	\$300.00
D9110		Palliative (Emergency) Treatment Of Dental Pain - Minor Procedures	\$40.00
D9220		GENERAL ANESTHESIA (FLAT RATE - (Includes Any Additional Units)	\$200.00
D9940		Occlusal Guards By Report	\$180.00

*** = Procedure requires an X-Ray**

When separate fees are reported for an examination on the same day as a root canal or surgical procedure, the examination will be denied as a related procedure to the surgery. No payment will be made for the examination.